

MAY 18 1923

REQUEST FOR RETURN OF COPYRIGHT DEPOSITS

22185 MAY 18 1923

Dated at Washington, D. C.

May 18, 1923

Register of Copyrights,  
Library of Congress,  
Washington, D. C.

Dear Sir:

The undersigned claimant of copyright in the work herein named,  
deposited in the Copyright Office and duly registered for copyright protection, requests the return to him under the provisions of sections 59 and 60 of the Act of March 4, 1909, of ~~one~~ both of the deposited copies of the **Technical Surgery, Ford Educational Library Release No. 23** entitled

**"OSTEOPLASTIC CRANIOTOMY" (1 reel)**

deposited in the Copyright Office on May 18th, 1923 and registered under Class ©C1M 2283, No. XXc., No. 2283.

If this request can be granted you are asked and authorized to send the said copy or copies to me at the following address: **Ford Motor Company, 451 Pa.Ave., N.W. (will call for)**

or  
to

at Ford Motor Company

Signed Per [Signature]  
(Claimant of Copyright)  
**Chief Clerk**

July, 1920-500

Received the above

Ford Motor Co Per [Signature]

MAY 18 1923 ✓

©CLM 2288 ✓

② TECHNICAL SURGERY ✓  
① FORD EDUCATIONAL LIBRARY ✓  
Release No. 23

③ OSTEOPLASTIC CRANIOTOMY ✓

**MAIN TITLE:**

✓ Produced and Distributed ✓ by Ford Motion  
Picture Laboratories ✓

Copyrighted 1923 by Ford Motor Company ✓

**SUB-TITLES:**

1. Osteoplastic Craniotomy, on January 26, 1922, by Dr. R.D. McClure and Staff, Henry Ford Hospital, for Jacksonian Epilepsy and paralysis of right leg.
2. Onset of Jacksonian epileptic attack beginning in right foot, following an accident in 1917. These attacks occur now at least once a day. Muscles of leg show progressive disturbance of central origin.
3. This walk and disability are due to lesion of brain and not of leg.
4. Ether anesthesia, drop method, followed by intratracheal insufflation.
5. Scalp painted with iodine; flap incision outlined with scalpel; sterile drapes.
6. Incision now made through all layers down to the bone.
7. Hemostatic control of bleeding. Periosteum stripped back. Old-fashioned Trephine opening.
8. With needle on end of clamp, sounding is made to determine when bone is cut through.
9. A series of openings are now made through the skull around the flap with the Doyen perforator, followed by the burr.
10. Dura is stripped back inside of skull with blunt dissector.
11. Dahlgren forceps extend bone incision down in the temporal region on each side.
12. Director for Gigli saw inserted and saw drawn under bone between each two openings.
13. The bone now is cut on the bevel between each two holes.
14. With elevators bone flap is raised and fractured in the thin temporal region at base.
15. The sharp edges of bone flap are cut away with rongeur. The entire flap is protected with moist gauze.
16. The dura is picked up with fine hook and incised; incision extending around the entire flap by aid of a grooved director.
17. No increased intracranial pressure. Note the normal pulsation of brain.



18. Salt solution washes blood from brain surface.
19. Spoon spatula exploration permits inspection of almost entire left hemisphere.
20. Adhesions found between dura and brain at upper Rolandic Area, separated. No evidence of tumor.
21. Rolandic fissure lies almost in center of exposed area.
22. Dura is closed with interrupted sutures.
- 23.. Bone flap is turned back into position. The bevelled bone edge prevents its slipping. This is further anchored by replacing the bone button removed with the Trephine.
24. Galea aponeurotica sutured with fine silk
25. Skin closed with fine silk. Silver foil gauze dressing applied.
26. Patient made an uninterrupted operative recovery with exception of transient edema in left Rolandic area, with temporary increase in paralysis on right side.
27. Three weeks later: Note the <sup>MM</sup>perforations healing of scar.
28. Patient has had no epileptic convulsions with exception of first day after operation, whereas before operation he was having daily convulsions.
29. Patient's gait is improved and many muscles are shown to be much improved.



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